

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		3.31.01
O.I.P.E. CLASSIFIER		13	9/8/01
FORMALITY REVIEW	B2	TC3-823	10-01-01
RESPONSE FORMALITY REVIEW	SP	1091	3/20/02

INDEX OF CLAIMS

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Rejected
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Allowed
- (Through numeral).....

Canceled
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Restricted
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Non-elected
- I

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Interference
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Appeal
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Objected

Claim		Date											
Final	Original	06/02	06/12	06/25	06/28	06/29	06/30	07/05	07/10	07/15	07/20	07/25	07/30
1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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15	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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Claim		Date											
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Claim		Date											
Final	Original	06/02	06/12	06/25	06/28	06/29	06/30	07/05	07/10	07/15	07/20	07/25	07/30
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10-10-01
852
03/20/02